

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90026 039 ***150.00

0190713

DOCUMENT # P98000081956

1. Entity Name
HELLER, CHAMES & GARCIA, P.A.

Principal Place of Business Mailing Address
888 BRICKELL AVE SUITE 202 **888 BRICKELL AVE SUITE 202**
MIAMI FL 33131 **MIAMI FL 33131**

64271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 888 Brickell Avenue Suite, Apt. #, etc. Sixth Floor City & State Miami, Florida Zip 33131		3. Mailing Address 888 Brickell Avenue Suite, Apt. #, etc. Sixth Floor City & State Miami, Florida Zip 33131	
Country U.S.A.	Country U.S.A.	Country U.S.A.	Country U.S.A.

4. FEI Number **59-2932550** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HELLER, JONATHAN A
888 BRICKELL AVE SUITE 202
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Jonathan A. Heller
 Street Address (P.O. Box Number is Not Acceptable)
888 Brickell Avenue
Sixth Floor
 City
Miami **FL** Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, JONATHAN A 888 BRICKELL AVE SUITE 202 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMES, DEBORAH S 888 BRICKELL AVE SUITE 202 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	888 Brickell Avenue, 6th Floor Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	888 Brickell Avenue, 6th Floor Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)